Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)

Scientific Rating:

1

Well-Supported by Research Evidence

See scale of 1-5

Child Welfare System Relevance Level:

High

See descriptions of 3 levels

About This Program

The information in this program outline is provided by the program representative and edited by the CEBC staff. ***Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)*** has been rated by the CEBC in the areas of: Anxiety Treatment (Child & Adolescent) and Trauma Treatment - Client-Level Interventions (Child & Adolescent).

Target Population: Children with a known trauma history who are experiencing significant Post-Traumatic Stress Disorder (PTSD) symptoms, whether or not they meet full diagnostic criteria. In addition, children with depression, anxiety, and/or shame related to their traumatic exposure. Children experiencing Childhood Traumatic Grief can also benefit from the treatment.

For children/adolescents ages: 3 – 18

For parents/caregivers of children ages: 3 – 18

Brief Description

TF-CBT is a conjoint child and parent psychotherapy model for children who are experiencing significant emotional and behavioral difficulties related to traumatic life events. It is a components-based hybrid treatment model that incorporates trauma-sensitive interventions with cognitive behavioral, family, and humanistic principles.

Program Goals:

The overall goal of ***TF-CBT*** is to address symptoms resulting from a specific traumatic experience or experiences. This includes:

- Improving child PTSD, depressive and anxiety symptoms
- Improving child externalizing behavior problems (including sexual behavior problems if related to trauma)
- Improving parenting skills and parental support of the child, and reducing parental distress
- Enhancing parent-child communication, attachment, and ability to maintain safety
- Improving child's adaptive functioning
- Reducing shame and embarrassment related to the traumatic experiences

Essential Components

Gradual exposure is included in all components to help children gain mastery in how to use skills when trauma reminders or cues occur. The components are:

- **P – Psycho-education and parenting skills**
- **R – Relaxation techniques:** Focused breathing, progressive muscle relaxation, and teaching the child to control their thoughts (thought stopping).
- **A – Affective expression and regulation:** To help the child and parent learn to control their emotional reaction to reminders by expanding their emotional vocabulary, enhancing their skills in identification and expression of emotions, and encouraging self-soothing activities
- **C – Cognitive coping:** Through this component, the child learns to understand the relationships between thoughts, feelings and behaviors and think in new and healthier ways.
- **T – Trauma narrative and processing:** Gradual exposure exercises including verbal, written and/or symbolic recounting (i.e., utilizing dolls, art, puppets, etc.) of traumatic event(s) so the child learns to be able to discuss the events when they choose in ways that do not produce overwhelming emotions. Following the completion of the narrative, clients are supported in identifying, challenging and correcting cognitive distortions and dysfunctional beliefs.

- **I – In vivo exposure:** Encourage the gradual exposure to innocuous (harmless) trauma reminders in child's environment (e.g., basement, darkness, school, etc.) so the child learns they can control their emotional reactions to things that remind them of the trauma, starting with non-threatening examples of reminders.
- **C – Conjoint parent/child sessions:** Held typically toward the end of the treatment, but maybe initiated earlier when children have significant behavior problems so parents can be coached in the use of behavior management skills. Sessions generally deal with psycho-education, sharing the trauma narrative, anxiety management, and correction of cognitive distortions. The family works to enhance communication and create opportunities for therapeutic discussion regarding the trauma.
- **E – Enhancing personal safety and future growth:** Provide training and education with respect to personal safety skills and healthy sexuality/ interpersonal relationships; encourage the utilization of skills learned in managing future stressors and/or trauma reminders.

Child/Adolescent Services

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) directly provides services to children/adolescents and addresses the following:

- Feelings of shame, distorted beliefs about self and others, acting out behavior problems, and PTSD and related symptoms.

Parent/Caregiver Services

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) directly provides services to parents/caregivers and addresses the following:

- Inappropriate parenting practices and parental trauma-related emotional distress.

Recommended Parameters

Recommended Intensity:

Sessions are conducted once a week.

Recommended Duration:

For each session: 30-45 minutes for child; 30-45 minutes for parent. The program model also includes conjoint child-parent sessions toward the end of treatment that last approximately 30-45 minutes. Treatment lasts 12-18 sessions.

Delivery Settings

This program is typically conducted in a(n):

- Birth Family Home
- Community Agency
- Community Daily Living Settings
- Outpatient Clinic
- Residential Treatment Center

Homework

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) includes a homework component:

Parents are given weekly assignments to practice the treatment components at home, both alone and to reinforce and practice these with their children. Children are also given homework during certain sessions to reinforce and practice skills learned in therapy sessions.

Languages

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) has materials available in languages other than English:

Dutch, German, Japanese, Korean, Mandarin, Polish, Spanish

For information on which materials are available in these languages, please check on the program's website or contact the program representative (contact information is listed at the bottom of this page).

Resources Needed to Run Program

The typical resources for implementing the program are:

- Private space to conduct sessions
- Waiting area for children when parents are being seen
- Therapeutic books and materials

Minimum Provider Qualifications

- Master's degree and training in the treatment model.
- Experience working with children and families.

Education and Training Resources

There is a manual that describes how to implement this program, and there is training available for this program.

Training Contacts:

- **Judith Cohen, MD**
  jcohen1@wpahs.org
- **Esther Deblinger, PhD**
  deblines@umdnj.edu

Training is obtained:

National Conferences; CARES Institute, Allegheny General Hospital and onsite by request.

Number of days/hours:

- Introductory Overview: 1–8 hours
- Basic Training: 2–3 days
- Ongoing Phone Consultation (twice monthly for 6-12 months): groups of 5-12 clinicians receive ongoing case consultation to implement ***TF-CBT*** for patients in their setting
- Advanced Training: 1–3 days

Additional Resources:

There currently are additional qualified resources for training:

TF-CBTWeb, a ten-hour basic web-based training free of charge, is available at www.musc.edu/tfcbt. A free web-based consultation product in implementing ***TF-CBT*** is available at www.musc.edu/tfcbtconsult (completion of *TF-CBTWeb* is required prior to accessing this product). Information about training and consultation is available from the National *TF-CBT* Therapist Certification Program at https://tfcbt.org.

Implementation Information

Since Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) is rated on the Scientific Rating Scale, information was requested from the program representative on available pre-implementation assessments, implementation tools, and/or fidelity measures.

Relevant Published, Peer-Reviewed Research

This program is rated a "**1 - Well-Supported by Research Evidence**" on the Scientific Rating Scale based on the published, peer-reviewed research available. The program must have at least two rigorous randomized controlled trials with one showing a sustained effect of at least 1 year. The article(s) below that reports outcomes from an RCT showing a sustained effect of at least 1 year has an asterisk (*) at the beginning of its entry. Please see the Scientific Rating Scale for more information.

Child Welfare Outcome: Child/Family Well-Being

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Date Research Evidence Last Reviewed by CEBC: December 2015

Date Program Content Last Reviewed by Program Staff: April 2016

Date Program Originally Loaded onto CEBC: May 2006